

MONROE COUNTY HEALTH DEPARTMENT
APPLICATION FOR LEVEL I FOOD HANDLER TRAINING COURSE

PLEASE PRINT
LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME & MIDDLE INITIAL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NUMBER AND STREET ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY, STATE & ZIP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DAYTIME TELEPHONE NUMBER

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

PLACE OF FOOD SERVICE EMPLOYMENT _____

POSITION HELD _____

REASON FOR TAKING COURSE:

NEW OPERATOR _____ CURRENT OPERATOR _____ MOBILE/PUSH CART OPERATOR _____

ENFORCEMENT ACTION _____ OTHER _____

THE COURSE INSTRUCTION IS GIVEN OVER TWO DAYS (APPROX. 5 HOURS EACH DAY)
PLEASE CALL 753-5869 FOR CLASS SCHEDULE. Please notify us, when scheduling, if you have difficulty reading or writing the English language. A 90-question exam is given at end of day two.

APPLICANT'S SIGNATURE _____

DATE _____

THE COURSE FEE IS **\$131.00** PAYABLE BY CASH, CHECK OR MONEY ORDER WITH SUBMISSION OF THIS APPLICATION. IF PAYING BY CASH, PLEASE HAVE CORRECT CHANGE. NO CREDIT CARDS ACCEPTED.

PLEASE MAKE CHECKS PAYABLE TO: **MONROE COUNTY HEALTH DEPARTMENT**
If applying by mail, send form and check to: MONROE COUNTY HEALTH DEPARTMENT
Food Certification – Room 1020
P.O. Box 92832
111 Westfall Road
Rochester, N. Y .14692